SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) or each category of the betailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for or commendate purposes, other than using the name and address of any publical committee to soldic contributions from such committee. NAME OF COMMITTEE (in Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Full Name (Last, First, Middle Initial) A. Mr. Ein Name (Last, First, Middle Initial) B. Mr. Lessel Weener Mailing Address 200 Brookview Ct City State Zip Code President President Recept For Primary Other (specify) State Zip Code Other (specify) Other (specify) Other (specify) C. State Zip Code Transaction Ib. FFO70326.00100019 Amount of Each Recept the Period Amount of Each Recept the Period Transaction Ib. FFO70326.00100019 Amount of Each Recept the Period Transaction Ib. FFO70326.0010010 Amount of Each Recept the Period Transaction Ib. FFO70326.0010010 Date of Receipt Transaction Ib. FFO70326.0010010 Amount of Each Recept the Period Transaction Ib. FFO70326.0010010 Transaction Ib. FFO70326.0010010 Transaction Ib. FFO70326.0010010 Amount of Each Receipt the Period Transaction Ib. FFO70326.0010010 Transaction Ib. FFO70326.0010010 Transaction Ib. FFO70326.0010011 Amount of Each Receipt the Period Transaction Ib. FFO70326.0010011 Transaction Ib.					_
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